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ABSTRACT

Each spring, Lord Fairfax Community College (LFCC) organizes and coordinates an Annual Health Screening Fair, a preventive health package designed to help residents identify health-related problems and become more informed about maintaining good health. The community service goals of the fair include the provision of free or minimal-cost health screening for as many diseases and to as many people as possible using the combined medical and non-medical resources of the community. Health fair planning requires the involvement of an active, representative steering committee, the establishment of a checklist of activities and deadlines, public relations and publicity efforts, provision for equipment and supplies, volunteer orientation and training, and budgeting. The fair itself consists of a number of stations through which participants proceed. These stations deal with registration, height and weight measurement, breast examination, pulmonary functions, vision, use of the vial of life, hearing, glaucoma, diabetes and anemia, blood pressure, blood chemistry regulation and testing, refreshments, podiatry, oral screening, counseling and referral, and evaluation. Records are kept on participants by age, sex, and abnormalities and follow-up contacts are made when necessary. Response to the fair from participants, volunteers, and physicians has been positive. This paper provides guidelines and checklists covering important considerations in planning and implementing similar fairs. (AYC)

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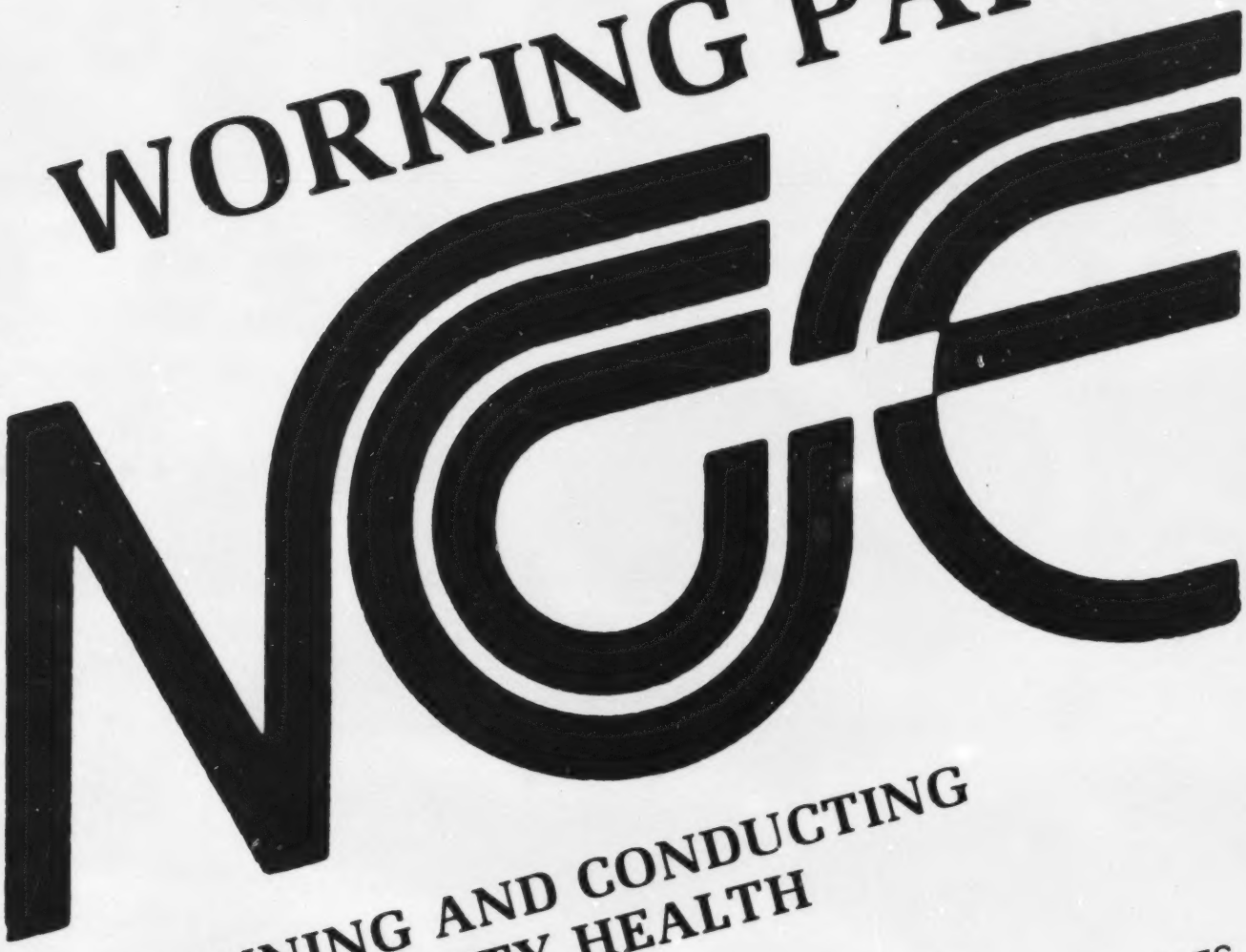
WORKING PAPER



PLANNING AND CONDUCTING A COMMUNITY HEALTH SCREENING FAIR

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NCCSCE *Working Papers* Series

In this issue of the *CATALYST* we are publishing the second NCCSCE *Working Paper* which is provided to promote professional growth among community services and continuing education professionals. While the *Newsletter* provides for the exchange of current happenings and the *CATALYST* allows for the exploration and discussion of ideas and experiences, the *Working Paper Series* is designed to encourage the dissemination of practices in curriculum, administration, and research which contribute to the growth and excellence of community services and continuing education as a major component of higher education.

This second *Working Paper* describes in some detail the planning and conducting of a health screening fair run by a group of community agencies led by the community college. Additional information is available from Lord Fairfax Community College, where the program was developed. The *Working Paper* covers everything from the decision for sponsoring the fair to the evaluation after its conclusions. The editor and the authors encourage readers to utilize the materials with adjustments to fit their particular circumstances and to share their experiences with the authors and the NCCSCE membership.

The third *Working Paper* will appear in the fall 1982 issue of the *CATALYST*. The editorial committee is now reviewing potential topics and encourages you to send your suggestions and inquiries.

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Planning and Conducting a Community Health Screening Fair

William C. B. Berghaus and Joy Graham

20/20, 112 over 80, triglycerides and FV 37% are not the usual expressions heard during an average day at Lord Fairfax Community College in rural Middletown, Virginia. But once each spring, at the time of the Annual Health Screening Fair, these phrases and many health-related activities are a regular occurrence.

This paper is intended to assist other community service professionals in planning and implementing a health screening fair in their communities.

The multiple health screening concept is a preventive health package designed to help community residents identify health-related problems and become more informed about maintaining good health. Although many of these services are available at different times at a variety of locations, this concept brings together many health screening and related educational services so that the public can take advantage of multiple free tests at the same time and place.

The Lord Fairfax Community college staff felt the organization and coordination of such a project would greatly benefit its region which is geographically large and rural, is sparcely populated, and has a large segment of senior citizens on fixed incomes. The community service goals of sponsoring a Health Fair are as follows:

1. To provide health screening for as many diseases as possible where specific simple mass screening tests are available and where early detection and treatment can significantly decrease the morbidity and mortality associated with the disease.
2. To provide the health screening at no charge to the participant or at a very reduced charge to cover expenses.
3. To provide service to as many people as possible, but particularly to concentrate on the indigent and medically indigent, where such services are most needed.
4. To promote good preventive health care through the use of a medical history questionnaire and counseling services.
5. To promote further health education through exhibits, displays, and audio-visual techniques, and to increase community awareness of health resources in the area through these techniques.
6. To have as complete a documentation of all community medical resources as possible so that regardless of the socio-economic condition of the health fair participants, they can be referred for further evaluation and treatment. For maximum effectiveness, this should be done right at the health fair when personalized preventive medical education about individual problems and the need for follow-up are given.
7. To do all of the above, not by setting up an expensive, large organization, but by organizing and coordinating both the medical and non-medical resources in the community so that they can perform this service for the community at little or no cost.
8. To keep the health fair a community activity; of the community, by the community and for the community.
9. To derive whatever funding is necessary for health screening fairs through in-kind services, or from those who benefit from the health fairs directly or indirectly, such as employers, civic organizations, and businesses.

Obviously such a venture as a community health fair involves many supporting organizations This is especially true for Lord Fairfax, which has no nursing or allied health programs in the curriculum of the community college. Aside from the initial assistance, guidelines, and support from the National Health Screening Council for Volunteer Organizations, Inc., in Washington, D.C. (an organization which assists communities throughout the United States in organizing health fairs in their areas), a host of community resource agencies work with the College in offering the Health Fair to the community. These groups are involved in the three major stages of a health fair:

1) Planning and organizing
2) Actual Health Fair
3) Follow-up

Health Fair Planning

The Steering Committee

Once the decision has been made to sponsor a Health Screening Fair, careful consideration should be given to forming and selecting a steering committee. Individuals who will bring the needed expertise and community contacts should be recruited as early in the planning process as possible.

Participation of the local or regional public health director on the committee is likely to be a plus. The director's nursing staff is an invaluable medical resource. If the director will not or cannot serve on the committee, the director of nursing or the nurses' supervisor may be available. Another desirable medical resource for the committee is a member of the local hospital medical staff or the head of the nursing department at the hospital. Lord Fairfax Community College is fortunate to have a four-year college nearby which offers a nursing program. The department head is on the committee and helps to recruit 30 to 40 volunteer nursing students each year. It is also important to have a competent supervisor to run the blood chemistry lab station. The local Red Cross director is another medical resource who may be included on the Steering Committee. The Red Cross is usually an excellent source of trained nurses as well as non-medical volunteers. Area rescue squads are also potential sources of qualified medical volunteers. In addition to involving individuals who can deliver an adequate number of medical volunteers, those who can identify sources of non-medical volunteers are necessary.

Nearly the same number of medical and non-medical volunteers is needed for a successful Health Screening Fair. As mentioned earlier, the Red Cross is an excellent source of non-medical volunteers. Hospital auxiliaries can also be helpful. Civic clubs might decide to sponsor the Health Fair as a service project. Extension homemakers are usually eager to help out. Women's clubs frequently can help. The key is to include the people who know the community and its volunteers.

At Lord Fairfax, the committee decided it wanted to target the elderly as recipients of health care services. It invited the executive director of Area Agency on Aging to join the steering committee. He sent his nutrition site supervisor, and the group worked out a plan to have over two hundred of the Agency's clients transported to the Health Fair for screening services. Thus in planning a health fair, it is critical to have an active, representative steering committee involved from the outset.

Activities Check List

One of the first tasks of the steering committee is to establish a check list of critical deadlines. The check list should include as a minimum the following activities:

1. Releases to newspapers
2. Announcements to radio and television stations and, where possible, cable TV services
3. Arrangements for paid advertisements
4. Circulation of health posters
5. Other public relations needs
6. Forms to Area Agency on Aging
7. Final decision on the number and type of stations
8. Completion of layout
9. Completion of station descriptions

10. Confirmation of volunteers: a) medical, b) non-medical
11. Selection of lab personnel
12. Training of volunteers
13. Confirmation of equipment
14. Forms printed/packets arranged
15. Arrangements for participant and volunteer food
16. Exhibits finalized

Various members of the committee should volunteer to take responsibility for meeting the deadlines and reporting progress back to the Health Fair coordinators.

Public Relations Planning

As noted on the checklist, careful planning for public relations and especially for publicity is essential to insure the desired community participation in the Health Fair event. Every PR channel available should be exhausted. Most of the mass media representatives will be delighted to help in a community-based project of this nature. The Lord Fairfax program has had radio and newspaper interviews before, during, and after the Fair, and major TV network coverage of Health Fair Week from Washington, D.C. has occurred. Posters have been placed throughout the region. Calls to four area banks asking them to sponsor the publicity yielded $400 for a half-page newspaper ad. The Health Screening Fair is a positive PR event. Who would not encourage good health?

Equipment

Most of the medical volunteers bring their own equipment and supplies. For example, dentists prefer to bring their own instruments, nurses like to use their own blood pressure cuffs and gauges, optometrists want to bring their own glaucoma testing equipment, audiologists generally have their own audiometers to administer hearing exams, etc. The areas for which special equipment may have to be procured include scales for taking weight measurement, vision examination machines, and other selected supplies such as hemoccult kits and vial-of-life packets. Public school divisions are an excellent source of weight scales and vision machines. Various "disease" societies like the cancer and heart societies can be helpful in locating early detection test supplies such as the hemoccult kits for internal bleeding.

Once decisions have been made regarding how many stations there will be for the Health Screening Fair, it is necessary to determine what equipment will be required and where it will be obtained. Also it is necessary to arrange for chairs, desks, waiting areas, privacy curtains, etc. as needed.

Volunteer Orientation and Training

Once volunteers have been recruited to work at the health stations and auxiliary activities, the organizer should establish written job descriptions for each volunteer or class of volunteers. Most of the volunteers want to know what their roles are, where they are going to be stationed, who is in charge, and how to respond to questions that may be asked.

At each station an in-depth guide for medical and non-medical personnel is provided. Training is also provided during the several weeks prior to the Health Fair. The Regional Health Planning District and Shenandoah College's nursing department instructors work with medical nursing volunteers. Physicians, hearing specialists, dentists, and other medical personnel train non-medical assistants at their stations, and the staff trains all other non-medical volunteers. Volunteers who do not receive training should be contacted by phone or mail well before the fair to confirm arrangements.

Planning a Budget

A Health Screening Fair is a community project conducted primarily by volunteers from the community for the community; however, there will still be a number of expenses to consider. Here is a list of some possible budgetary items:

1. Publicity: newspaper ads, radio spots, posters, brochures
2. Food for volunteers
3. Food for participants who have blood chemistry test
4. Name tags, I.D. buttons
5. Clip boards
6. Pencils, pens, paper for forms

With good planning, enough volunteers, equipment and supplies, the Health Screening Fair should run smoothly and be well-received.

Implementing the Health Fair

A critical concern is the set-up of the health fair. This should be accomplished before the actual day of the fair. Because the Fair occupies a large part of the physical facilities of the College, including classrooms, it is set up after evening classes the night before the opening. It is important to have an easy-to-understand traffic pattern, clearly identified stations, enough supplies, equipment, and volunteers, and several well-identified personnel to handle last-minute problems.

Other matters to consider for achieving a smooth operation are:

1. Volunteers should work in shifts so that no one becomes overly tired and impatient with participants' questions and needs. A change of shifts at four-hour intevals, with volunteers checking in about thirty minutes before the beginning of the shift, works well.
2. Areas for blood pressure, hearing, and other tests requiring minimal noise must be give special consideration.
3. Provisions for food and a rest area for volunteers should be arranged. Local suppliers and businesses donated the majority of food and supplies for the Lord Fairfax Fair.
4. An ample number of chairs is needed at the testing stations in the event that lines develop.
5. Volunteers are helpful as guides to keep the traffic moving, answer questions, and go for additional supplies or site supervisors (students handle this well as they are familiar with the buildings).
6. Volunteers need identification so participants can easily seek assistance if necessary. Large blue and white pin-on buttons which say HEALTH FAIR VOLUNTEER made by a local sign-maker served this purpose at Lord Fairfax.
7. Wheelchairs may be needed by senior citizens who often tire easily or are unable to walk comfortably throughout the fair.
8. It is helpful to set aside one four-hour shift for people 55 years of age or older. Because people planning to have the blood chemistry tests must not eat for at least four hours, it is usually best to plan a morning shift for the elderly participants. Student guides can accompany small groups of senior citizens who are brought to the Fair by such groups as the Area Agency on Aging.
9. Immediate first aid support should be available. The local Rescue Squad stations an ambulance and personnel at the Lord Fairfax site. To date only one person has fainted after blood was drawn, but it is good to be prepared.

On the day of the fair, prior to letting participants begin, the organizers should walk through the site, station-by-station, to see that all are staffed and that supplies and equipment are ready. (See Appendix I for suggested station volunteers and equipment.)

To understand the procedure a participant follows at the Health Fair, one person's journey can be described. As Mary Jones, a 62-year-old diabetic, enters the front door, a volunteer hands her a packet which includes health history, test result and consent forms, an envelope for her to self-address, (an individual participant number has been written on each item), a map of the health fair stations, and a list and description of the blood chemistry tests. Because she has made the volunteer aware of her diabetic condition, she is given a label to pin on which alerts health fair personnel that special consideration might be necessary. All special medical problems are so designated. Mary is directed to:

STATION I: Registration

Volunteers assist in completing necessary forms and witness the consent form. They explain the health fair and direct Mary to:

STATION II: Height and Weight

Volunteers measure and weigh Mary, record the figures on the test result form, and direct her to the exhibit displays. A variety of exhibitors have displays, distribute literature, and answer questions. Among the exhibitors are the American Cancer Society, the Virginia Lung Association, the March of Dimes, the American Heart Association, the American Diabetes Association, the Women's Health Coalition, area health departments, and the Northwestern Community Mental Health Services. The only requirement is that exhibitors not be profit-making organizations. A guide ushers Mary into the auditorium for:

STATION III: Breast Exam Movie

A nurse is stationed here to answer questions and explain in more detail the self-examination procedure. Mary then proceeds to:

STATION IV: Pulmonary Function

where lung capacity is checked and recorded;

STATION V: Vision

where vision is tested with the use of titmus machines and recorded with and/or without corrective glasses or lenses;

STATION VI: Vial of Life

where Mary receives a packet with instructions to record emergency medical information and place it in a designated location for use by rescue and other emergency personnel and a hemoccult kit (a take-home, send-in test to identify internal bleeding). Medical volunteers explain to Mary how to do this test at home and where to return it. Mary continues to:

STATION VII: Hearing

to identify hearing losses;

STATION VIII: Glaucoma

to check for symptoms of glaucoma, a disease of the eyes;

STATION IX: Diabetes and Anemia

A sample of blood is taken by finger stick and analyzed to determine whether or not more thorough medical follow-up is indicated.

STATION X: Blood Pressure

Mary, and all those planning to have blood chemistry tests done, must have their blood pressure checked FIRST!

STATION XI: Blood Chemistry Regulation

A nurse explains the blood chemistry tests. This is the only charge made to participants at the health fair. A minimal charge of $8.00 for the 26 blood tests performed is charged to defray the laboratory processing costs. Mary is given an identification number for her blood chemistry forms and tubes and is sent to:

STATION XII: Blood Chemistry

where the blood is drawn; Mary is told the results will be sent to her in 5 to 7 weeks following the blood chemistry work.

STATION XIII: Refreshments

are provided to those having blood chemistry tests performed. Milk, juice and cookies are all donated by local businesses. Mary's last three stops are at:

STATION XIV: Podiatry

to identify foot problems;

STATION XV: Oral Screening

to identify mouth problems;

STATION XVI: Counseling and Referral

where medical personnel go over the test results form with Mary and explain any abnormalities which have been identified. They provide her with a complete referral resource guide and explain how to follow up in any necessary areas.

STATION XVII: Evaluation

Mary is asked to fill out an evaluation form about the health fair so that improvements can be made in succeeding years, is asked if she has any final questions, and is thanked for her participation.

Tabulation and Follow-up

All participants are tabulated according to age, sex, and abnormalities (See Appendix 2). When blood chemistry results are sent back to the College from the lab, abnormalities are also noted (See Appendix 3). While it is the participant's responsibility to seek the appropriate health care providers for any abnormalities identified, it is important that the participant be made aware of the community's private and public sources of health care. This is provided by a resource guide available to each health fair participant. Follow-up calls are made to those participants with abnormalities identified in the blood chemistry results.

Conclusion

The Health Fair is a tool for health promotion and education as well as a means to screen for potential diseases that can be detected in the early stages and therefore respond to treatment. It is rewarding to read comments such as these from the participants:

> A great service with helpful people.
>
> Thank you for making this available to me. It's nice to know someone cares.
>
> This is great! Thanks.

And from volunteers:

> I thought that the health fair was a huge success. No complaints, only compliments. A great community service!
>
> I felt my experience at the health fair was very worthwhile. I helped on Friday morning and saw the people over 55 years old. It was amazing to see how long some of the people had gone without a checkup. I was interested to see that there was a mental health booth also. I felt that recognizing mental illness as a disease just like any other has come a long way in recent years. Because of my experience this year, I'll volunteer to help in future years.
>
> It was one of the most enjoyable experiences I have had. The number of people who went through the screening encourages me to believe that people are becoming more and more aware of the importance of doing something about their health before their health becomes a problem to them.

But the most rewarding experience of all came from a local opthamologist who wrote:

> I'd like to tell you briefly about a patient who has given me permission to drop you a note. Following a visit to your health fair she was referred for a 'high pressure.' On examination, she had severe open angle glaucoma. Had she not been to your health fair it is my impression that she would be blind now. Needless to say, she is very enthusiastic about your health fair, and I thought if you needed any further encouragement, this certainly is an excellent example of a job well done. Continue the good work!!!

Several final suggestions are offered for persons wishing to plan a community health screening fair:

1. Contact the National Health Screening Council, 5161 River Road, Bldg. 20, Washington, D.C. 20016, for help in organizing a health fair.
2. Plan a meeting well in advance of the anticipated fair date, and invite people of primary importance to the project — medical association representatives, hospital spokespeople, nursing

school/association representatives, regional director, etc.

3. Pay special attention to publicity, the key to the success of a health fair.
4. Keep good records — both to ensure that information can be retrieved when needed and to help plan future health fairs.
5. Extend thanks to the numerous volunteers (Lord Fairfax has over 300). They are, after all, the backbone of the event.
6. Involve as many groups as possible — it helps with staffing stations, getting the word out, obtaining donations of food, equipment, supplies and money.

Lord Fairfax Community College personnel would be happy to offer further information to those in other institutions who wish to implement a similar program. Assistance may be obtained by writing or calling Lord Fairfax Community College, Office of Continuing Education, P.O. Box 47, Middletown, Virginia 22645, (703) 869-1120.

APPENDIX 1
LIST OF STATIONS WITH REQUIREMENTS*

STATION	NUMBER OF VOLUNTEERS	EQUIPMENT	SPECIAL REQUIREMENTS
FRONT DESK	2 Non-Medical	Health Fair Packets Medical Alert Badges	
REGISTRATION	6 Non-Medical 1 Health Professional	Pens, Tables, Chairs	
HEIGHT & WEIGHT	3 Non-Medical	3 *Balanced Scales*, table, chairs, pens	Level, hard surface
BREAST EXAM MOVIE	1 Non-Medical 1 Medical	Projector, chairs, screen	Dark room
PULMONARY FUNCTION	2 Medical	Equipment to measure lung capacity	
VISION	4 Paraprofessionals or medical	4 Titmus machines 4 tables, chairs, pens	Electricity/must be done prior to glaucoma
VIAL OF LIFE/ HEMOCCULT	1 Non-medical 1 Medical	Vials of life, Hemoccult kits Directions for use	
HEARING	4 Audiologists	Audiometers, tables chairs, pens	QUIET Room/electricity
GLAUCOMA	2-4 Medical or para- professionals; 2 Non-Medical	Glaucoma testing machines, table, chairs, pens	Good light
DIABETES	3 Medical	Table, chairs, pens	
ANEMIA	6 Medical Volunteers	Tables, chairs, pens, large wastebaskets, gauze squares, alcohol swabs, lancets, non- heparinized tubes, clay trays, hematocrit centrifuges, copper sulfate	Electricity
BLOOD PRESSURE	4 Medical Volunteers	4 Sphygmomanometers 4 Stethoscopes, tables, chairs, pens	QUIET Area/must be done prior to Blood Drawing
BLOOD CHEMISTRY	8 Non-Medical; 1 Medical	Pens, list of tests, cash box, change, tables, chairs, forms, receipts, labels, tubes	MUST be done after blood pressure
BLOOD DRAWING	4-6 Medical or Paraprofessionals	Cot, tables, chairs, lab supplies and equipment	Electricity, good light
PODIATRY	2 Medical	2-4 chairs, paper towels	Sink
ORAL SCREENING	3 Medical	Large wastebasket, table, chairs, pens	Sink, good light
COUNSELING & REFERRAL	5 Medical Volunteers	Referral guides, What Happens Next form, tables, chairs, blood pressure equipment	
EVALUATION	2 Non-medical Volunteers	Tables, chairs, pens, evaluation forms, tabulation sheets	

*Number requirements are per four hour shift — not included are 8 non-medical volunteers to be stationed as guides throughout the health fair route and non-medical volunteers to lead small groups of senior citizens through the fair. Approximately 50 participants per hour can be accommodated. Site supervisors should be prepared to rotate volunteers when lines occur at some stations. Training volunteers for more than one station is an excellent idea for this purpose.

APPENDIX 2
LORD FAIRFAX COMMUNITY COLLEGE
1981 HEALTH FAIR

		Men						Women						Unknown		
		29	30-39	40-49	50-59	60-69	69	29	30-39	40-49	50-59	60-69	69	M	F	Total
Total of Participants Who Came through Fair		17	18	15	23	49	54	47	47	41	70	116	125	2	2	626
Tabulation of Test Results																
Weight	N	6	4	0	14	4	6	9	7	3	1	12	9	0	0	75
	A	10	8	8	2	28	27	19	18	25	30	72	84	1	1	333
B/P	N	17	13	2	10	24	32	30	28	35	23	69	69	1	2	355
	A	2	4	3	6	15	4	5	6	5	15	20	35	1	0	121
Vision	N	11	7	3	12	14	7	23	15	20	15	48	24	2	1	202
	A	0	0	2	1	9	9	0	1	6	7	15	35	0	0	85
Anemia	N	10	6	4	11	26	18	21	17	22	24	54	61	0	1	286
	A	4	4	3	2	5	9	6	6	13	4	15	18	1	1	91
Hearing	N	15	8	5	11	8	2	29	18	27	24	46	21	0	2	216
	A	2	5	3	4	24	27	0	0	3	5	27	56	2	0	158
Glaucoma	N	5	7	8	9	14	13	11	8	19	22	39	39	1	0	195
	A	0	0	0	2	1	0	0	1	0	0	2	4	0	0	10
Oral Cancer	N	3	6	4	6	15	20	14	6	12	12	47	51	0	0	208
	A	0	1	0	0	3	1	0	0	0	2	5	2	0	0	14
Pulmonary Function	N	13	11	6	11	17	15	20	20	20	17	30	17	0	1	198
	A	0	0	1	5	6	9	4	1	4	7	20	36	0	0	93

*N - Normal
*A - Abnormal
Hemoccult: 178 tested; 165 N; 13 A.

APPENDIX 3
BLOOD TEST ABNORMALITY REPORT
(HEALTH SCREENING FAIR 1981)

Blood Test	Men (N=71)		Women (N=164)		Total (N=235)	
	#	%	#	%	#	%
Glucose	6	8.4	8	4.8	14	5.9
Bun	0	—	16	9.7	16	6.8
Creatinine	7	9.8	2	1.2	9	3.8
Sodium (NA)	0	—	5	3.0	5	2.1
Potassium (K)	20	28.1	47	28.6	67	28.5
Chloride (CL)	2	2.8	11	6.7	13	5.5
Uric Acid	5	7.0	4	2.4	9	3.8
Tot. Protein	1	1.4	5	3.0	6	2.5
Albumin	4	5.6	6	3.6	10	4.2
Globulin	3	4.2	5	3.0	8	3.4
Alb/Glob Ratio	15	21.1	24	14.6	39	16.5
Calcium (CA)	0	—	0	—	0	—
Phosphate	1	1.4	2	1.2	3	1.2
Cholesterol	0	—	2	1.2	2	.8
Triglyceride	13	18.3	16	9.7	29	12.3
Alk. Phos.	4	5.6	12	7.3	16	6.8
SGOT	1	1.4	2	1.2	3	1.2
SGPT	0	—	6	3.6	6	2.5
LDH	20	28.1	50	30.4	70	29.7
Tot. Bilirubin	1	1.4	0	—	1	.4
T4	0	—	1	.6	1	.4
Serology/VDRL	0	—	0	—	0	—
CO_2	12	16.9	39	23.7	51	21.7
Total Number of Abnormalities Identified:	115		263		378	

Call for NCCSCE WORKING PAPERS

During each academic year, the NCCSCE will publish two *Working Papers* as inserts to the COMMUNITY SERVICES CATALYST. The purpose of the *Working Papers Series* is to issue puplications to community services and continuing education professionals which provide for the dissemination of planning processes, innovative programs, administrative practices, and evaluation techniques.

The content of the *Working Papers* should emphasize contributions to the *practice* of community services and continuing education. Elements of the *Working Paper* may include program descriptions, management techniques, evaluation methods and tools, instructional materials, bibliographies, and planning and reporting processes and forms.

While the selection and review process is a continuing one, manuscripts to be considered for the Fall, 1982 issue should be received not later than August 1. To maximize the likelihood that the manuscript will be published, a two to three-page concept paper should be submitted prior to the full development of the proposed *Working Paper*. Prospective contributors are encouraged to contact the undersigned in the early stages of paper development.

Materials and inquiries should be submitted to:

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